



**QUESTIONNAIRE AND PROPOSAL FORM  
CHARTERER'S P&I COVER**

Please provide complete information and be as accurately as possible.  
Send filled in questionnaire back to Hanseatic Underwriters via:  
**Fax: +49 40 389073970**  
**Email: hamburg@hanseatic.com**

**Details of the Assured**

<b>Name of Assured / Functional status</b> (company name, contact person)		
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<b>Address and contact details</b> (postal address, phone, fax, email)		
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<b>Name of Joint Assured / Functional status</b> (company name, contact person)		
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<b>Address and contact details</b> (postal address, phone, fax, email)		
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<b>Name of Co-Assured / Functional status</b> (company name, contact person)		
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<b>Address and contact details</b> (postal address, phone, fax, email)		
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<b>Details regarding the background and history of owners / managers, details of other vessels owned / managed and details about key personnel</b>		
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**Type of Policy**

<input type="checkbox"/> <b>Single policy</b> Vessels to be declared when the contract is concluded	or	<input type="checkbox"/> <b>Frame contract</b> Vessels can but needn't be tendered; Acceptance of vessels is at discretion of the manager	or	<input type="checkbox"/> <b>Open policy</b> Charterers to tender <u>all</u> vessels
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**Single Policy or Declaration under frame contract / open policy**

Name of chartered vessel			
Type of vessel			
IMO Number			
Flag			
Port of Registry			
Call Sign			
Year and place of built			
Gross Tonnage			
Net tonnage / DWT			
Class society			
Expiry date of class certificate			
Transport of passengers intended	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Owners' P&I insurance in place			
Owners' H&M insurer			
H&M value insured			
Collision liabilities covered under H&M policy	<input type="checkbox"/> 1/4	<input type="checkbox"/> 3/4	<input type="checkbox"/> No
ISM certifying authority (date & place)			



ISPS certifying authority (date & place)			
Limit of cover required			
Trading Area			
Type of cargo			
Date of commencement of insurance / Insurance period	from:		to:

**Frame contract or open policy**

Types and Measurements of Vessels to be fixed			
Types of charter parties to be fixed			
Number of fixtures intended			
Average Duration of Voyages			
Trading Areas			
Types of cargo			
Date of commencement of insurance / Insurance period	from:		to:
Limit of cover required			



### Scope of Cover

▼▼ Please mark relevant section for required cover

<input type="checkbox"/>	Full cover
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▼▼ If no full cover is required kindly below mark with a cross risks to be insured:

<input type="checkbox"/>	Liability for damage or loss of the chartered vessel
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<input type="checkbox"/>	Cargo liabilities
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<input type="checkbox"/>	Liability towards passengers
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<input type="checkbox"/>	Liability to persons other than employees
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<input type="checkbox"/>	Liability for collision and "wash damage"
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<input type="checkbox"/>	Stowaways and refugees
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<input type="checkbox"/>	Life salvage
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<input type="checkbox"/>	Quarantine expenses
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<input type="checkbox"/>	Wreck removal
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<input type="checkbox"/>	Liability arising out of towage contracts
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<input type="checkbox"/>	Assured's contribution to general average and salvage
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<input type="checkbox"/>	Pollution Liabilities
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<input type="checkbox"/>	Penalties and Fines
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### Attachments

► Following documents are to be presented together with the questionnaire and application form.

1. Loss records for last 5 years
2. On-hire survey report(s) for vessel(s) if applicable.

### Warranty

I / We hereby warrant that the information provided above is complete and accurate to the best of my / our knowledge and belief, and it is our understanding that Underwriters shall rely upon the information and representations listed above in determining the acceptability and rates and conditions of coverage.

It is noted and understood that the Applicant is under a continuing obligation immediately to notify his Underwriter's of any material alteration to the nature, extent or size of his operation as described herein.

It is further understood that this application shall be attached to and form part of the policy should one be issued.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Stamp and Signature